

(Revised October 2008)

## **Teacher Time Documentation Form**

(For in-school staff who provide only Direct nutrition education)

Name		School		Grade(s)			
	Please Print						
For month of: February				Number of Students:			
Week Ending (mm/dd/yy): Total Direct Hours:			Note: Enter the number of students currently enrolled in your class.				
02/1/11—02/4/11							
02/7/11—02/11/11				Estimated Length of Sessions:			
	/11—02/18/11		Shortest:				
	/11—02/25/11		Longest:				
02/28/11			Note: Enter the shortest and longest amount of time spent on nutrition education				
	Total Hours:		time sp	pent o	n nutrition eaucatio	n	
	Direct Hours includes tin						
	ring for, and traveling to	and from nutrition					
eaucai	ion activities.						
Pleace	enter the number of	<u>f times</u> you taught the f	allowing	nutr	rition/nhysical a	ctivity tonics	
	r students this mon		onowing	nuu	ition/physical a	ctivity topics	
to you	i students this mon	<b></b>					
#	Topic			#	Topic		
	•	v Fat Milk or Equivalent	(and		J – Promote H	ealthy Weight	
	Alternative Calcium Sources)					,	
	B – Fats and Oils				K – Sodium & Potassium		
	C – Fiber Rich Foods				L – Whole Grains		
	D – Food Shopping / Preparation				M – Food Safety		
	E – Fruits & Vegetables			N – Other – Breastfeedin		reastfeeding	
	F – Lean Meet & Beans				O – Other – Folic Acid		
	G – Limit Added Sugars or Caloric Sweeten				P – Other – Al	ll Content Areas	
H – MyPyramid – Healthy Eating Plan					Q – Hydration	l	
	I – Physical Activit	y					
		times should each be counted					
		counted as MyPyramid. For e a separate session then these					
	_	n it would be counted as Myl		in be o	counted once. If they	y were boin idugni	
1080111	or we are sense session are	, o w o o o o w o o o o o o o o o	<i>y</i> . <i>c</i>				
Employee Signature				Date			
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Supervisor Signature				Date			